



State of Hawaii-Department of Education  
 Office of Human Resources  
 PO Box 2360  
 Honolulu, HI 96804

**APPLICATION FOR ATHLETIC  
 COACHING POSITION**

Position for which you are applying:

PLEASE PRINT ALL INFORMATION  
 IF ADDITIONAL SPACE IS NEEDED PLEASE FILL OUT A BLANK SHEET OF PAPER AND ATTACH IT TO THIS FORM.

Personal Information

Name (Last)	(First)	(M.I.)	(Social Security Number)
Address (Number or PO Box)	(Street)		(Telephone Number)
(City)	(State)	(Zip Code)	(2 <sup>nd</sup> Telephone Number)

Education

Name and location of last school attended: (elementary, intermediate, high school, college, or university)	Highest grade level completed:	Date of Graduation:	Type of Degree, Diploma, or Certificate received

Employment History

From	To	Employer	Position held	Supervisor's name	Telephone number

Coaching Experience

From	To	School/Organization	Position held/Sport	Supervisor's name	Telephone number

Certification / Special Training (CPR, First Aid, Coaches Education)

Type of Training or Certification	Date received

References (Three references who are not related to you)

Name	Address	Relationship	Telephone Number

Declaration of Fitness for Employment

1. Have you ever had a teaching certificate or other professional license revoked or not renewed? Yes \_\_\_ No \_\_\_
2. Have you ever been suspended, fired, asked to resign from employment or separated from military service under conditions other than honorable? Yes \_\_\_ No \_\_\_
3. Have you ever been convicted of any of the following:
  - Sex related offenses Yes \_\_\_ No \_\_\_
  - Child Abuse/neglect offenses Yes \_\_\_ No \_\_\_
  - Substance/drug abuse offenses Yes \_\_\_ No \_\_\_
  - Any violation of the law (felony & misdemeanor other than minor traffic violations) Yes \_\_\_ No \_\_\_

(Use space below to explain any "Yes" responses. For suspensions or dismissals from employment, please provide the names, address(es), and telephone number(s) of the former employer(s). "Yes" answers do not automatically disqualify you for employment. The circumstances of each case will be evaluated against the requirements of the position.)

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**EMPLOYMENT ELIGIBILITY VERIFICATION.** In accordance with the Immigration and Nationality Act as amended by the Immigration Reform and Control Act of 1986, persons selected for employment must meet the requirements of the Immigration and Naturalization Service (Form I-9) for Employment Verification. Documents that establish identity and employment eligibility are required within three (3) business days of the date of employment.

**CERTIFICATE OF APPLICANT**

I hereby certify that all statements in this application are true, complete, and correct to the best of my knowledge and belief.

I hereby authorize the State of Hawaii Department of Education to obtain information from my current and past employers or from any individual listed on this application form and attachments and waive the right to hold liable those persons for providing any requested information. It is understood that such information is to be absolutely privileged, confidential, and used only in determining my qualifications and suitability for employment and assignment. I agree, if employed, to submit to fingerprinting and subsequent criminal history record check. I understand that my employment shall be conditional upon satisfactory completion of the criminal history record, employment history, and background screening process.

I agree that any willful omission or falsification of material facts in this application which ordinarily would be used as a basis for not hiring me will constitute sufficient reason for immediate dismissal. I understand that unless this application is completed in full, it will not be considered.

\_\_\_\_\_ Date

\_\_\_\_\_ Legal Signature of Applicant